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UTILITY	
PATENT APPLICATION	N
TRANSMITTAL	

Attorne	y Docket No.	359872001400	9		
First Inve	entor	David W. OSBORNE	4		
Title	TOPICAL DAF	S			
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Express	s Mail Label No	EL569250050US	53		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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	Kerry Keehan								
	APP See MPEP chapter 60	PLICATION ELEMENTS 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application						
	Fee Transmittal (Submit an original, ar Applicant claims See 37 CFR 1.27. Specification (preferred arrangemen. Descriptive title of t Cross Reference to Statement Regardin Reference to seque computer program I Background of the t Brief Summary of th	Form (e.g. PTO/SB/17) (W/COPY) - 2 PAGES Ind a duplicate for fee processing) Is small entity status. [Total Pages 16] Int set forth below) the Invention o Related Applications ing Fed sponsored R & D ence listing, a table, or a listing appendix Invention the Invention f the Drawings (if filed) on 9. [Interpolation of the Drawings (if filed) on 9. [Interpolation of the Drawings (if filed) on 9. [Interpolation of the Drawings (if filed) on 10. [Interpolation of the Drawings (if filed) on 10. [Interpolation of the Drawings (if filed) on 10. [Interpolation of the Drawings (if filed) on 11. [Interpolation of the Drawings (if filed) on 12. [Interpolation of the Drawings (if filed) on 13. [Interpolation of the Drawings (if filed) on 14. [Interpolation of the Drawings (if filed) on 15. [Interpolation of the Drawings (if filed) on 16. [Interpolation of the Drawings (if filed) on 17. [Interpolation of the Drawings (if filed) on 18. [Interpolation of the Drawings (if filed) on 19. [Interpolation of the Drawings (if filed) on 19. [Interpolation of the Drawings (if filed) on Interpolation of the Drawings (if filed) on Interpolation of the Drawings (if filed)	Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a.						
4	Drawing(s) (35 U		(where there is an assignee) Power of Attorney English Translation document (if applicable)						
6	a. New b. Copy (for a i. Application Data S B. If a CONTINUING APPL under 37 CFR 1.76:	by from a prior application (37 CFR 1.63(d)) by from a prior application (37 CFR 1.63(d)) continuation/divisional with Box 18 completed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 16. Sheet. See 37 CFR 1.76 - 1 PAGE LICATION, check appropriate box and supply the requisite information of the prior application of the prior	13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is calimed)						
F.	rior application information; or CONTINUATION OR DIVISIONAL	Examiner Growth AL APPS only: The entire disclosure of the prior application, from which a pollinuation or divisional application and is beauty (second at the prior application).	of prior application No: Group / Art Unit: rom which an oath or declaration is supplied under Box 5b, is considered a part of the d by reference. This incorporation can only be relied upon when a portion has been						
19. CORRESPONDENCE ADDRESS Or Correspondence address below 25226 PATENT TRADEMARK OFFICE									
Name Morrison & Foerster, LLP 755 Page Mill Road									
Cit		Palo Aito Siate CA	Zip Code 94304-1018						
_ Cc	ountry	United States Telephone 650-81:							
	nme (Print/Type) gnature	Lisa A. Amii Registrati	ion No. (Attorney/Agent) 48,199						
			Date February 20, 2002						

FEE TRANSMITTAL FOR FY 2002

Complete if Known Application Number To Be Assigned Filing Date Herewith First Named Inventor David W. OSBORNE Examiner Name To Be Assigned Group Art Unit To Be Assigned

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1,016 Attorney Docket No. 359872001400

	METHOD OF PAYMENT						FEE CALCULATION (continued)								_	
	1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:							3. ADDITIONAL FEES								
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SUBMITTED BY									J						Į	
Name (Print/Type) Lisa A. Amii Registr							ration No.	4	8,199		Complete (if ap	(650) 813	5674	$\frac{1}{2}$		
Signature					(Attom	ey/Agent)	<u></u>			Date			$\frac{1}{2}$			
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